BEST AVAILABLE COPY

	PATENT A	RD	^	pplication (or DC	cket Numi	ber					
-				110219	98	22-1						
CLAIMS AS FILED - PART I (Column 1) (Column 2)								MALL E	NTITY	OR	OTHER SMALL	
TOTAL CLAIMS			15					RATE	FEE		RATE	' FEE
FOR			. NUMBER F	ILED	NUMBER EXTRA		l	BASIC FE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			// min	us 20=	* _			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			3 mir	nus 3 =	*-			X42=		OR	X84=	
MÜ	TIPLE DEPEN	DENT CLAIM PF	RESENT		1	+140=		+140=		OR	+280=	
* If 1	the difference	in column 1 is l	ess than zero, enter "0" in column 2				L	TOTAL		OR	TOTAL	740
CLAIMS AS AMENDED - PART II								CMALI	ENTITY	OR	OTHER SMALL I	
	THE STATE OF THE S	(Column 1) CLAIMS		(Colu		(Column 3)	1 [SWALL	ADDI-		OIIIALL I	ADDI-
AMENDMENT A		REMAINING AFTER AMENDMENT		PREVI	MBER OUSLY FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
MQ	Total	*	Minus	##		=		X\$ 9=		ÒR	X\$18=	
ME	Independent	*	Minus	***		=]	X42=		OR	X84=	
	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDEN	T CLAIM		J	+140=		OR	+280=	
٠					=			TOTA		OR	TOTAL	
•		(Column 1) (Column 2) (C						ADDIT. FE	E L	Jon	ADDIT. FEE	
-		(Column 1) CLAIMS			HEST	(Column 3)	1 r		ADDI-	1		ADDI-
DMENT B		REMAINING AFTER AMENDMENT			MBER NOUSLY D FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
MQN	Total	*	Minus	**		=	╽╽	X\$ 9=		OR	X\$18=	
AMEND	Independent	*	Minus	***		<u> </u>	4	X42=		1 Or	X84=	
Ľ	FIRST PRESE	JLTIPLE DEI	PLE DEPENDENT CLAIM			╛╽	+140=		1			
									L.	OR	TOTAL	<u> </u>
								ADDIT. FE		OR	ADDIT. FEE	
_		(Column 3	3) .			,						
ENTC		CLAIMS REMAINING AFTER AMENDMENT		NU PREV	HEST MBER NOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
ME	Ind pend nt	*	Minus	*** .		=	4	X42=		OF	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									1	200	1
* If the entry in column 1 is less than the ntry in column 2, write "0" in column 3.										OR		
* If the entry in column 1 is less than the ntry in column 2, write "0" in column 3. ** If the "High st Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If th "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									E	OR	TOTA ADDIT. FEI	<u> </u>
**	fit th "Highest Ni Th "Highest Nu	umber Previously F mber Previously Pa	raid For" (Total	ns SPAC or Indene	⊏ is less th ndent) is th	ian 3, enter "3. ne highest num	iber fo	und in the	appropriate b	ox in o	column 1.	